



HealthIsWealth
Maui LLC
HealthIsWealthMaui.com

Quantum-Healing-Lasers.com[™]

ColdLaserSupplies.com

CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____ CITY / STATE _____ ZIP CODE _____ COUNTY _____

BUSINESS TELEPHONE: _____ BUSINESS FAX _____ E-MAIL _____

TYPE OF BUSINESS: CORPORATION [] PARTNERSHIP [] SOLE-PROP [] NON-PROFIT []

YEARS IN BUSINESS: _____

NATURE OF BUSINESS: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

NAME: _____ TITLE _____ SOCIAL SECURITY NUMBER _____ % OWNERSHIP _____

HOME ADDRESS: _____ CITY, STATE _____ ZIP CODE _____

HOME PHONE: _____ DO YOU OWN OR RENT YOUR CURRENT RESIDENCE?
() [] OWN [] RENT

NAME: _____ TITLE _____ SOCIAL SECURITY NUMBER _____ % OWNERSHIP _____

HOME ADDRESS: _____ CITY, STATE _____ ZIP CODE _____

HOME PHONE: _____ DO YOU OWN OR RENT YOUR CURRENT RESIDENCE?
() [] OWN [] RENT

COMPANY BANK REFERENCES

NAME OF BANK #1 _____ OPENING DATE _____ ACCOUNT NUMBER _____ PHONE NUMBER _____ CONTACT/OFFICER _____

DECLARATION / AUTHORIZATION

The undersign agrees that the information provided above, together with any financial statements, schedules or other materials provided to Paramount Financial Services, LLC, "PFS" is true correct and complete. The undersign authorizes PFS to obtain the credit history of the undersigned and the officers and principals of the Company and to investigate (directly or indirectly) such credit history from any source. The undersign warrants that he or she has never filed for bankruptcy in a personal or business capacity.

APPLICANT: _____ SIGNATURE: _____ TITLE: _____ DATE: _____

APPLICANT: _____ SIGNATURE: _____ TITLE: _____ DATE: _____

EQUIPMENT INFORMATION

SALES CONTACT _____

EQUIPMENT DESCRIPTION _____ EQUIPMENT COST _____

**** PLEASE FAX COMPLETED APPLICATION TO: 480-222-0312 ****

Supported by:



FAST...SIMPLE...RELIABLE...EQUIPMENT LEASING & FINANCING

Toll Free: 877-948-6200 * Phone: 480-222-0300 * Fax: 480-222-0312